

Emerging Issues

December 15, 2005

AGING CLIENTS AND AGING CAREGIVERS

Life expectancy of people with developmental disabilities is much longer than it used to be. As they age, client residential needs change. Life expectancy for caregivers is also much longer, and as they age their needs change.

The system of residential services primarily relies on families to care for individuals with developmental disabilities, even after these individuals become adults. Some of these families receive state funded services, day programs and supported employment or Medicaid Personal Care in the home. These services make it easier for family to provide care residential care to their member with developmental disabilities.

Out-of-home residential services may become necessary if the caregiver is unable to continue to provide care in the home. Aging caregivers are group of particular concern.

Statewide, there are 1,374 adults on the state DDD caseload who are age 40 years of age or older who live with their parents or relatives. Nine hundred and twenty five (925) live with their parents and 449 live in a relatives home. This number is expected to grow. We do not know the age of other relatives providing care, as they are not required to provide this information to caseworkers.

44% of parents over 60 year of age who have a child with developmental disabilities are still serving as full time parents, according to a 1997 statewide survey by the University of Washington Center for Disability Policy and Research.

The 2005-07 biennial budget includes \$4 million (total funds) of funding for 39 non-community protection clients to receive residential services and supports. Clients without residential services who are in crisis or at risk of institutionalization are included as a priority group for this funding which could include adults with developmental disabilities living with their aging parents or relatives who may need to move because of the caregiver is unable to continue to provide care in his or her home.

Questions to Consider:

1. As the life expectancy of people with developmental disabilities grows and caregivers ages, what role should residential services and other services, such as day programs and employment supports play?
2. What kind of residential services and other supports do we need to plan for, and how do we do this planning?

3. What kind of trend analysis, projected over the next twenty years, survey or assessment should be done to estimate the growth and needs in the population of older people over age 40 with developmental disabilities and the number of aging caregivers, over age 60?
4. How many or what percentage of this group will need out of home residential services and what other services could be provided to reduce the need for out of home residential placements?
5. For whom has the \$2 M (GF-S) (\$4 M total) appropriated in the 2005-2007 budget for non-community protection residential services been used? Has any of the proviso funding been used to assist clients living with aging caregivers?

RESPITE CARE SERVICES

- ❑ “Respite care” means temporary residential services provided to a person and/or the person’s family on an emergency or planned basis. (WAC 388-825-020)
- ❑ Respite care is provided under a Family Support Program or as part of waiver services. Individuals who are not participants in either a Family support Program or a waiver may receive respite care services in emergency circumstances.
- ❑ Respite care may be provided in a person’s own home, out-of home in a licensed community home or facility, or at a Residential Habilitation Center (RHC).
- ❑ When respite care services are provided in someone’s home, they may be provided by an individual provider or by an agency provider.
- ❑ Length of time is based on need as determined in the person’s individual service plan (ISP) or Family Support Plan, or is determined by the nature of the emergency.
- ❑ Planned respite in the RHCs typically may be used for family breaks or planned medical care for family members, for conducting assessments of the person that may be needed, or for time spent waiting for a community placement. Crisis respite is offered at the RHCs depending on space available at the time of the emergency.
- ❑ There are 26 beds ordinarily available for RHC respite, however, the actual number of beds may vary depending on individual circumstances at each RHC:
 - Fircrest 2
 - Lakeland 2
 - FHMC 2
 - Rainier 4
 - YVS 16

Total Number of People Served in RHC Respite for 2005						
Unduplicated by Month but not by Year						
	Fircrest	Rainier	Lakeland	FHMC	Yakima	Total
Jan-05	1	13	5	7	19	45
Feb-05	1	16	6	5	17	45
Mar-05	1	15	7	6	11	40
Apr-05	2	13	6	5	34	60
May-05	1	12	8	7	35	63
Jun-05	3	14	6	4	29	56
Jul-05	3	16	7	11	31	68
Aug-05	4	16	8	9	41	78
Sep-05	3	15	11	5	36	70
Oct-05	5	14	13	6	32	70
Nov-05	4	13	12	6	35	70
Dec-05						
Average	2.55	14.27	8.09	6.45	29.09	60.45

Total Number of Respite Days for 2005						
	Fircrest	Rainier	Lakeland	FHMC	Yakima	Total
Jan-05	31	344	49	153	201	778
Feb-05	28	372	53	179	174	806
Mar-05	31	414	70	151	118	784
Apr-05	37	333	81	154	266	871
May-05	31	355	60	127	289	862
Jun-05	24	414	92	118	266	914
Jul-05	63	457	75	150	291	1036
Aug-05	66	459	113	145	346	1129
Sep-05	59	439	121	144	368	1131
Oct-05	79	405	98	148	321	1051
Nov-05	87	353	127	112	354	1033
Dec-05						
Average	48.73	395.00	85.36	143.73	272.18	945.00

Questions to Consider:

- ❑ Are respite resources available when and where needed?
 - Own home
 - Out-of-home
 - RHC
- ❑ What are the pros and cons of facility-based respite care as opposed to in-home or community-based respite care?
- ❑ Are there issues with individual providers who provide in-home respite care that need to be addressed, for example:
 - Background checks, including out of state
 - Skill levels of the providers
 - Training
 - Wages

DDD RATES FOR RESIDENTIAL SERVICES

Supported Living Rates *(there are three components to the rate):*

- 1. Instruction and Support Services (ISS)** *(teaching and assistance offered by service providers to clients who live in their own homes in areas such as health and safety, personal power and choice, and integration into the community, comprising approximately 82% of the total rate):*
 - Based on recommendation from JLARC, an assessment tool is under development that will generate one of seven client service levels that will affect the number of staff hours calculated.
 - The assessment process for DDD Supported Living services rate setting is scheduled for implementation in FY07. It may result in increases or decreases to the number of hours provided.
 - Further study needs to be completed to determine if the differential applied to the benchmark hourly payment rate among counties adequately reflects the cost of doing business in each county.
- 2. Administrative** *(administrative staff, general management, supplies, utilities, insurance, taxes, depreciation, comprising approximately 16% of the total rate):*
 - A standardized rate schedule for the administrative rate component has been completed and became effective on September 1, 2005 for new rates (new or inter-agency transfer clients).
 - The new administrative rate schedule is based on a percentage of direct service cost.
 - The Community Protection Program has an Administrative rate schedule that is 12% higher than non-Community Protection to compensate for the identified additional administrative functions required in the program.
- 3. Indirect Client Supports** *(primarily client transportation, comprising approximately 2% of the total rate):*
 - A standardized client-specific calculation of transportation expenses became effective on September 1, 2005 for new rates (new or inter-agency transfer clients).

Questions to Consider:

- How do we maintain competitive wage rates in order to attract quality staff and prevent staff turnover?
- Should there be an annual inflationary adjustment which recognizes increasing operational costs?